PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

|                        |                | ····· |
|------------------------|----------------|-------|
| Application Number     | 09/843,815     |       |
| Filing Date            | April 30, 2001 |       |
| First Named Inventor   | Jacob McGuire  |       |
| Art Unit               | 2154           |       |
| Examiner Name          | Jinsong Hu     |       |
| Attorney Docket Number | PA3995US       |       |

| P.O.   | imissioner fo<br>Box 1450<br>andria, VA 2   | ·  |              |            |                         |                              |        |            |                         |
|--|---|--|--------------|------------|-------------------------|------------------------------|--------|------------|-------------------------|
| Pleas  | se withdraw me  | e as attorney or agent for the above                               | identified   | patent     | applicat                | ion, and                     | j      |            |                         |
|  | all the attorney  | ys/agents of record.   |              |            |                         |                              |        |            |                         |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or |   |  |              |            |                         |                              |        |            |                         |
| <b>✓</b>   | the attorneys/agents associated with Customer Number 22830  |  |              |            |                         |                              |        |            |                         |
|  | NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. |  |              |            |                         |                              |        |            |                         |
| The reaso  | ons for this requ   | uest are: The practitioners (the attorne discharged by the client. | ys/agents    | associate  | ed with C               | Customer                     | Numb   | oer 2283   | 0) have been            |
|  |   |  |              |            |                         |                              |        | •          |                         |
|  |   | CORRESPOND   | ENCE         | ADD        | RESS                    | ;                            |        |            |                         |
| 2. C   | hange the corr  | ence address is NOT affected by thi                                |              |            | dence to                | :                            | - 170  |            | 7                       |
| OR   |   | ated with Customer Number:   |              |            |                         |                              | ·····  |            |                         |
|  | m <i>or</i><br>lividual Name  | Jonathan M. Harris, Conley Rose, P.C.                              |              |            |                         |                              |        |            |                         |
| Address  |   | 600 Travis St., Suite 7100<br>JPMorgan Chase Tower                 |              |            |                         |                              |        |            |                         |
| City   |   | Houston  | State        | TX         |                         |                              |        | Zip        | 77002-2912              |
| Country  |   | USA  |              |            |                         | -                            |        | <u></u>    |                         |
| Telephone  | <u>.                                      </u>  | 713-238-8000   |              |            |                         | Email                        |        |            |                         |
| Signature  |   | l Chel   |              |            |                         |                              |        |            |                         |
| Name   | Daniel C. Kloke   | aniel C. Kloke   |              |            | Registration No. 58,417 |                              |        | •          |                         |
| Date   | December 6, 20  | ıber 6, 2007   |              |            |                         | Telephone No. (650) 812-3400 |        |            |                         |
| NOTE: Withdr   | awal is effective wh  | nen approved rather than when received. Unle                       | ess there ar | e at least | 30 days be              | etween ap                    | proval | of withdra | awal and the expiration |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (01-06) Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

| The state of the s |                |   |  |  |  |
|--|----------------|---|--|--|--|
| Application Number   | 09/843,815     |   |  |  |  |
| Filing Date  | April 30, 2001 |   |  |  |  |
| First Named Inventor   | Jacob McGuire  | _ |  |  |  |
| Art Unit   | 2154           |   |  |  |  |
| Examiner Name  | Jinsong Hu     |   |  |  |  |
| Attorney Docket Number   | PA3995US       |   |  |  |  |

| P.O.  | missioner fo<br>Box 1450<br>andria, VA 2  |  |            |                           |                              |          |        |            |                          |
|---|---|--|------------|---------------------------|------------------------------|----------|--------|------------|--------------------------|
| Pleas   | e withdraw me   | e as attorney or agent for the above i   | dentified  | l patent                  | applicat                     | tion, an | ıd     |            |                          |
|   | all the attorneys/agents of record.   |  |            |                           |                              |          |        |            |                          |
|   | the attorneys/agents (with registration numbers) listed on the attached paper(s), or  |  |            |                           |                              |          |        |            |                          |
| <b>✓</b>  | the attorneys/agents associated with Customer Number 22830  |  |            |                           |                              |          |        |            |                          |
|   | NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. |  |            |                           |                              |          |        |            | is to all the            |
| The reaso   | ns for this requ  | uest are: The practitioners (the attorney discharged by the client.                              | /s/agents  | associat                  | ed with C                    | Custome  | er Num | ber 228    | 30) have been            |
|   |   | . <b>3</b> 1 <b>7</b> 11 11  |            |                           |                              |          |        |            |                          |
|   |   | CORRESPOND   | ENCE       | ADD                       | RESS                         |          |        |            |                          |
| 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number: |   |  |            |                           |                              |          |        |            |                          |
| OR  |   |  |            |                           |                              |          |        |            |                          |
| 1./   | m <i>or</i><br>lividual Name  | Jonathan M. Harris, Conley Rose, P.C.  |            |                           |                              | •        |        |            |                          |
| Address 600 Travis St., Suite 7100 JPMorgan Chase Tower   |   |  |            |                           |                              |          |        |            |                          |
| City  |   | Houston  | State      | TX                        |                              |          |        | Zip        | 77002-2912               |
| Country   | Country USA   |  |            |                           |                              |          |        |            |                          |
| Telephone   |   | 713-238-8000   |            |                           |                              | Email    |        |            |                          |
| Signature   | $\mathcal{D}_{\infty}$  | l Clebel   |            |                           |                              |          |        |            |                          |
| Name  | Daniel C. Kloke   |  |            |                           | Registration No. 58,417      |          |        |            |                          |
| Date  | Date December 6, 2007   |  |            |                           | Telephone No. (650) 812-3400 |          |        |            | 12-3400                  |
| NOTE: Withdr  | awal is effective wl  | nen approved rather than when received. Unle<br>e or possible extension period, the request to v | ss there a | re at least<br>normally o | 30 days b                    | etween a | pprova | l of withd | rawal and the expiration |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE or the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

|                        | mormation unless it displays a valid ( | JIVIB CONTROL NUMBER |
|------------------------|--|----------------------|
| Application Number     | 09/843,815                             |                      |
| Filing Date            | April 30, 2001                         |                      |
| First Named Inventor   | Jacob McGuire                          |                      |
| Art Unit               | 2154                                   | •                    |
| Examiner Name          | Jinsong Hu                             |                      |
| Attorney Docket Number | PA3995US                               |                      |

| P.O.   | missioner fo<br>Box 1450<br>andria, VA 2  |   |           |            |                              |          |       | ٠       |               |  |
|--|---|---|-----------|------------|------------------------------|----------|-------|---------|---------------|--|
|  |   | e as attorney or agent for the above in                                   | dentified | l patent a | applicatio                   | n. and   |       |         |               |  |
|  | all the attorneys/agents of record.   |   |           |            |                              |          |       |         |               |  |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or   |   |   |           |            |                              |          |       |         |               |  |
| <b>✓</b>   | the attorneys/agents associated with Customer Number 22830  |   |           |            |                              |          |       |         |               |  |
|  | NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. |   |           |            |                              |          |       |         |               |  |
| The reaso  | ns for this requ  | The practitioners (the attorney discharged by the client.                 | s/agents  | associate  | ed with Cu                   | stomer N | lumbe | er 2283 | 30) have been |  |
|  |   |   |           |            |                              |          |       |         |               |  |
|  | ······································  | CORRESPOND  | ENCE      | ADDI       | RESS                         |          |       |         |               |  |
|  |   | ence address is NOT affected by this espondence address and direct all fu |           |            | ence to:                     |          |       |         |               |  |
| The a  | The address associated with Customer Number:  |   |           |            |                              |          |       |         |               |  |
| OR   |   |   |           |            |                              |          |       |         |               |  |
| 1./  | m <i>or</i><br>lividual Name  | Jonathan M. Harris, Conley Rose, P.C.                                     |           |            |                              |          |       |         |               |  |
| Address 600 Travis St., Suite 7100 JPMorgan Chase Tower  |   |   |           |            |                              |          |       |         |               |  |
| City   |   | Houston   | State     | TX         |                              |          |       | Zip     | 77002-2912    |  |
| Country  |   | USA   |           |            |                              |          |       |         | -             |  |
| Telephone  |   | 713-238-8000  |           |            | E                            | mail     |       |         |               |  |
| Signature  | $\mathcal{O}_{\alpha}$  | l chol  |           |            |                              |          |       |         |               |  |
| Name   | Name Daniel C-Kloke   |   |           |            | Registration No. 5           |          |       | 58,417  |               |  |
| Date December 6, 2007  |   |   |           |            | Telephone No. (650) 812-3400 |          |       | 2-3400  |               |  |
| NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. |   |   |           |            |                              |          |       |         |               |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.